

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FCO PTO-875)

SERIAL NO.

FILING DATE

10 / 519141

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
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10						
11						
12						
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15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25	1					
26						
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47						
48						
49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	27	↔		↔		↔
TOTAL CLAIMS	30	[REDACTED]		[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]